

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09939574</div>	<small>FILING DATE</small> <div style="font-size: 1.2em; font-family: cursive;">01/21/03</div>				
							<small>APPLICANT(S)</small> 					
							<small>CLAIMS</small> <div style="font-size: 1.2em; font-family: cursive;">01/21/03 9/4/05</div>					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.	9		10		5							
TOTAL DEP.	21		22		5							
TOTAL CLAIMS	30		32		10							
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1350 (REV. 3-78)

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